

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037224

FILED VS. SEP 20 1960

360

Registration District No. Primary Registration District No. 3076 Registrar's No. 173

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Length of stay in 1b <u>3 months</u>		c. CITY OR TOWN <u>Nevada</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hosp</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Margaret Jane Phipps</u>				4. DATE OF DEATH Month Day Year <u>Sept 16 1960</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12/17/1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Shelbyville Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>		
13a. FATHER'S NAME <u>John Baldrige</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Lee</u>			14. NAME OF HUSBAND OR WIFE <u>Benjamin Phipps</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Martha Armstrong Nevada Mo</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <u>Metastatic Carcinomatosis of the abdomen with</u> IMMEDIATE CAUSE (a) <u>Intestinal obstruction</u> DUE TO (b) <u>Primary carcinoma of the Uterus</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 yrs.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis with Hypertension</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____				
21. I attended the deceased from <u>April 1946</u> , to <u>Sept. 10, 1960</u> and last saw her <sup>her</sup> <del>him</del> alive on <u>Sept. 10, 1960</u> Death occurred at <u>Nevada, Missouri</u> <u>9:10 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>[Signature]</u> (Print name on title) <u>R. B. Weay, M.D., F.I.C.S.</u>				22b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u>			22c. DATE SIGNED <u>9/13/1960</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9/13/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sheldon</u>		23d. LOCATION (City, town, or county) <u>Sheldon Mo</u>		(State)			
24. FUNERAL DIRECTOR ADDRESS <u>Beeny Funeral Home Sheldon</u>			25. DATE RECD. BY LOCAL REG. <u>9-15-1960</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. Gerald Perry

Licensed Embalmer No. 4203

P. O. Address Sheldon MS

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.